

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26706

State File No. _____

6498

Registrar's No. _____

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Days
(Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Thomas Alvey

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife late Florence Alvey 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 25th 1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 14 If less than one day
hr. _____ min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)

10. Usual occupation barber

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas J Alvey
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Ernest A Chadwick
(b) Address 8863 Cozens Ave Jennings Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 11th '41 (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cemetery.

18. (a) Signature of funeral director Henry Leidner Und.Co
(b) Address 2223 St. Louis Mo.

19. (a) AUG - 8 1941 (b) J. F. Fredrick (Date of local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5249 Enright Ave. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8, year 1941 hour 4:55 minute A. M.

21. I hereby certify that I attended the deceased from August 4, 1941 to August 8, 1941; that I last saw him alive on August 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations 9/3/41
Of autopsy 9/3/41

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature W. B. M. D. (M.D. or other) 8/8/41
Address 1515 Lafayette Avenue Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Licensed Embalmer No. 2927

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.